

# DHHS/OFFICE OF OPERATIONS SUPPORT, CHILD CARE LICENSING UNIT

129 PLEASANT STREET, CONCORD, NH 03301  
Telephone 1-800-852-3345 Extension 9025 or 603-271-9025

## HOUSEHOLD AND PERSONNEL FORM

For staff, household members, and other individuals ages 17 years and older

PLEASE TYPE OR PRINT LEGIBLY USING BLACK INK. (PLEASE KEEP A COPY FOR YOUR RECORDS)

PROGRAM NAME, ADDRESS, AND LICENSE NUMBER MUST BE COMPLETE OR THIS FORM WILL NOT BE ACCEPTED.

Information entered below will be used for returning this form so please write neatly.

Program Name		License #
Mailing Address (PO Box or Street)		
City	State	Zip Code

*Did you remember to  
add the dates your  
background checks  
were submitted to  
state police?*

**WHO do I need to submit on this form?** Household members ages 17 and older who live at the program; all child care staff and others who meet the daily contact definition of being in the presence of children for more than one hour per day, 5 days per week or more than 5 hours per week. Submit one form per person age 17 and over as required.

**WHAT type of record check needs to be completed and when?** FBI Fingerprints **and** a state background check need to be completed for new staff /household members/other individuals ages 17 years and older who have not been fingerprinted for DHHS in the last 3 years; new staff /household members/other individuals only need a NH STATE background check if they have had their FBI fingerprint background check submitted to DHHS within the previous 3 years. **ALL staff must complete a STATE background check upon hire regardless of when they had their FBI Fingerprints completed.**

**For RENEWAL ONLY:** all current staff/household members and others who meet the daily contact definition must submit a new **STATE** background check .All current staff/ household members who have **NOT** submitted FBI fingerprints will need to do so at renewal.

**WHEN do I submit a Household and Personnel Form?** You must submit staff on or before their first day of employment and at each renewal of your license. The FBI fingerprints or state background check must also be submitted to state police with appropriate payment as required.

**HOW do I complete this form?** Enter the full name and DOB of the person for whom the form is being processed and enter the date FBI fingerprints and state record checks have been submitted to state police. Some individuals may have previously been fingerprinted so that date may be different than the state background check.

**YOU MUST SUBMIT FINGERPRINT AND/OR STATE BACKGROUND DOCUMENTATION AND PAYMENT DIRECTLY TO STATE POLICE.**

***BY SUBMITTING THIS NAME TO THE CHILD CARE LICENSING UNIT, YOU CERTIFY THAT THE BELOW PERSON HAS SUBMITTED A BACKGROUND CHECK AS REQUIRED.***

LAST Name, FIRST NAME, Middle Initial, Birth Name, Maiden Name, and Previous married names, and any other name as applicable	D.O.B. MM/DD/YY	BACKGROUND CHECK TYPE (include MM/YY)		POSITIVE MATCH* FOR UNIT COMPLETION ONLY
		STATE	FBI	

**FOR OFFICE USE ONLY** \_\_\_\_ The background check did not reveal any information that resulted in a determination that the above named individual poses a threat to the safety of children.